

NOV 22 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William Matz et al. Group Art Unit: 3629
Application No.: 10/017,640 Examiner: J. P. Ouellette
Filed: December 14, 2001
Title: "System and Method for Identifying Desirable Subscribers"

VIA FACSIMILE 571-273-8300

Attn: Examiner J. P. Ouellette

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/22/05 (date of transmission).

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INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (p. 1). The references cited are as follows:

6,353,929	Houston, John	03/2002
5,872,588	Aras, et al.	02/1999
5,796,952	Davis, et al.	08/1998

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

12/02/2005 JBALINAH 00000088 10017640

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180.00 OP

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
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Date: 11/22/05

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P. 1

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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission: 7	Application Number	10/017,640
	Filing Date	December 14, 2001
	First Named Inventor	William Matz
	Art Unit	3629
	Examiner Name	J. P. Ouellette
	Attorney Docket Number	BS01342

ENCLOSURES

(Check all that apply)

- ☒ Fee Transmittal Form
☒ Fee Attached

☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☒ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application
☐ Power of Attorney, Revocation
Change of correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s)

- ☐ After Allowance Communication to Group
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) (please identify below):

Remarks:

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Walters</i>		
Date	11/22/05		

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WALTERS

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FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/017,640

Filing Date December 14, 2001

First Named Inventor William Matz

Examiner Name J. P. Ouellette

Art Unit 3629

Attorney Docket No. BS01342

TOTAL AMOUNT OF PAYMENT

\$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

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☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra Claims

Fee (\$)

x _____

Fee Paid (\$)

= _____

Fee (\$)

50

200

360

Multiple Dependent Claims

Fee (\$)

Small Entity Fee (\$)

25

100

180

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra Claims

Fee (\$)

x _____

Fee Paid (\$)

= _____

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

- 100 =

Extra Sheets

/ 50

(round up) x

Fee (\$)

Fee Paid (\$)

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

\$180.00

SUBMITTED BY:

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11/22/05